## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Press copice

Deputy Ress

Your Position:

Agency: \_

Position: \_

State

City of \_\_\_\_\_

Assuming Office/Initial

(Check one)

Candidate

through December 31, 2007.

December 31, 2007.

date of leaving office.

the date of leaving office.

Other \_\_

Covernors Office | Press
Division, Board, District, if applicable:

If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

2. Jurisdiction of Office (Check at least one box)

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2007,

Leaving Office Date Left: \_\_\_\_/\_\_\_

O The period covered is \_\_\_\_/\_\_\_, through

O The period covered is January 1, 2007, through the

O The period covered is \_\_\_\_/\_\_\_, through

Date: 5/7/08

County of \_\_\_\_\_

Multi-County \_\_\_\_\_

## STATEMENT OF ECONOMIC INTERESTS

## REGELVE Ded

## COVER PAGE

MAY - 7 2008

GOVERNOR'S OFFICE

DAYTIME TELEPHONE NUMBER

(916) 445-4571

Please type or print in ink.

MAILING ADDRESS (May use business address)

NAME

A Public Document

(MIDDLE)

(FIRST)

	STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS
re	HO CA 95814
[	4. Schedule Summary
	→ Total number of pages including this cover page:
	→ Check applicable schedules or "No reportable interests."
	I have disclosed interests on one or more of the attached schedules:
	Schedule A-1 Yes – schedule attached Investments (Less than 10% Ownership)
	Schedule A-2 Yes – schedule attached Investments (10% or greater Ownership)
	Schedule B Yes – schedule attached Real Property
	Schedule C Yes – schedule attached Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)
	Schedule D Yes – schedule attached Income – Gifts
	Schedule E  Yes – schedule attached Income – Travel Payments
	-or-
	No reportable interests on any schedule
Г	
1	5. Verification
	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
	Date Signed 5/7/08
	Signatu

FPPC Form 700 (2007/2008)
FPPC Toll-Free Helpline: 866/ASK-FPPC